

ART. VI.—*Extracts from the Records of the Boston Society for Medical Improvement.* By WM. W. MORLAND, M. D., Secretary.

June 23.*—*Psoriasis Guttata Syphilitica*.—Dr. DURKEE reported the case and exhibited the patient to the Society.—The above eruption appeared first upon the head, about three months ago; (patient was shown at the meeting in evening of June 23d, 1851;) other parts were affected with it in the following order, viz: the face; the upper portion of the chest and back; the nates; the palmar surfaces of the hands and the plantar surfaces of the feet. Dr. D. believed its appearance sufficiently declared its syphilitic nature; and in this opinion the other medical gentlemen present concurred. The fauces were inflamed, and several superficial ulcerations existed about the mouth. The patient stoutly denied having ever had any of the primary symptoms of syphilis. Dr. Durkee mentioned having seen, a few years since, in consultation with Dr. Coale, a young married woman, whose skin was covered with an eruption precisely like that of the patient who was before the Society; she stated, that to her knowledge, she had never been troubled with chancres, or any other venereal symptoms, and her statement was made with apparently the greatest sincerity. Dr. D. has often heard similar declarations, especially from females whom he has attended for psoriasis syphilitica; he was quite aware that it is contrary to all medical authorities to suppose that the secondary syphilitic developments can be manifested without having been preceded by the primary disease, and he would ask if a female might not have a chancre and yet not be conscious of any trouble in the part thus affected? or, can it be possible for any of the secondary affections of the venereal disease to exist independently of chancre as the cause?

Dr. PARKMAN referred to Ricord's statements as positive against the latter supposition, and suggested that the patients referred to by Dr. Durkee, may have been sufferers from the disease without having noticed its symptoms.

Dr. ABBOT mentioned the case of a woman who had applied to him for the treatment of an eruption which she supposed to be syphilitic, but she had never remarked any primary symptoms.

July 14.—*Paracentesis Thoracis*.—Dr. BOWDITCH reported the following cases of paracentesis thoracis, performed by means of the exploring trocar and suction apparatus, described by him at a previous meeting, and first used in this country by Dr. MORRILL WYMAN of Cambridge.

The first was that of a man accustomed to hard labour in a machine shop, being required to raise a heavy lever, the end of which he rested upon his left

* This paper, intended for publication in October last, was omitted by mistake. This accounts for its date being out of the proper order.

breast. Three months ago, he noticed a soreness of this part, which had gradually augmented, attended with dyspnoea and debility, till he entered the Massachusetts General Hospital. At that period, his accesses of dyspnoea, at night, particularly, were urgent; and all the time he had laboured breathing. The physical signs of extensive effusion into the left pleura were quite evident, with flatness over front and back, except at apex; change of position caused a slight but perceptible change of sounds; respiratory murmur almost null; ægophony; prominence of the left chest, and dislocation of the heart to the right side of the sternum. July 15th, Oj of a bloody fluid was removed, with scarcely any pain, and with a great sense of relief to the soreness and distension of the chest, and the heart fell about two inches towards its usual position. The next day, patient felt better than at any time since his entrance, and he did not have again, while in the hospital, any severe accesses of dyspnoea. He was punctured subsequently twice, and, finally, an external opening was formed by suppuration through the skin. Patient was growing weaker and left the hospital. The case was an interesting one to Dr. B., *first*, because of the unusual character of the fluid evacuated, it being so nearly like blood in its aspect, that he had, at first, desisted from drawing it off, fearing that possibly some organ had been punctured, although the physical signs were wholly opposed to that idea; *secondly*, because of the great relief to the dyspnoea and to the abnormal position of the heart. One of the punctures caused some pain; the others occasioned but little.

Dr. B. reported a second case, which was that of a little girl, about six years of age, the history of whose symptoms could not be exactly ascertained. She was under the care of Dr. Buckingham at the almshouse, and was evidently approaching her end, when first seen. The usual signs of great effusion were found in the left thorax. Three distinct punctures were made, in about as many minutes, with the small trocar, and, on each occasion, a small drop of watery fluid escaped, but by no power of suction could any large amount of it be procured. The patient suffered scarcely at all, and subsequently to the operation, she seemed to the attendants rather easier than before. She died, as was anticipated, the next day.

A third case was given as follows: A. M., spinster, æt. 25, a thin, pale woman, had been troubled slightly with cough for a year or more, but was never long confined to bed by it. Two weeks before she was seen by Dr. B., she had had severe pain in the left side of the thorax, with sense of distension of that side, and inability to lie on the right side. Meanwhile, for a week, her cough had almost wholly left her. Her appetite was gone, and she had a slight diarrhoea, and some hectic paroxysms. Her pulse was 104; and the heart was pushed to the right of the sternum. There was flatness of the whole of the left chest; the respiration was very obscure in the lower half of the left back, strongly tubular in upper half; there was crackling, of a coarse, moist kind, at the top of the right lung. The diagnosis was chronic phthisis

with serious lesion of the left lung, combined with acute pleuritic effusion of two weeks' duration.

As the patient was too feeble to sit up, even for a short interval, she was raised by an assistant and the trocar introduced just below the angle of the scapula, between the eighth and ninth rib. *Forty-one ounces* of a clear, yellow, serous-like fluid were drawn off with instantaneous comfort to the patient. The left breast became somewhat resonant, and the heart fell back towards its normal position, at least one and a-half inches. The pulse was at 100 before and after the operation. A cough commenced during the operation, and became quite troublesome.

The report, the next day, was that she had passed a delicious night, wholly free from pain and sense of fullness. From that period, the patient rapidly mended. The pulse fell, within twenty-four hours, to 80; the appetite returned; the dejections were regular. The respiratory murmur was heard, within the same time, much more distinctly, at the bottom of the chest. A fine crepitation, as from the expanding of previously compressed lung, was heard in the left breast, and the *upper* part of the back was duller than the lower. The symptoms steadily improved, and on the seventh day, the patient sat up three hours, and all signs of effusion had wholly disappeared. This improvement has been progressive. The crackling, coarse and distinct, at the apex of the right lung, has diminished, and the tubular respiration at the left summit, though still very marked, is, perhaps, less extensive. In other words, the physical signs of phthisis have lessened, and the patient has been to visit her relations in a neighbouring State.

Dr. B. regarded this case as a deeply interesting one, from the entire success resulting from the puncture in relieving the acute effusion, whereas if no puncture had been made, the patient, who had been gradually growing more sick, would probably have died. The fact, too, that the physical signs of phthisis have been somewhat lessened by the operation, is quite important. It proves, as far as one case can prove it, that the coexistence of phthisis with pleurisy, so far from militating against the operation, makes it more necessary for the welfare of the patient that paracentesis should be performed.

July 14.—Peculiarity in a Case of Vaccination.—Dr. HAYWARD, Jr., reported the case of an infant, from three to four weeks old, in whom, on the fourth day after vaccination, the appearances were favourable; on the tenth day, however, there was no indication that the disease had taken; the child was re-vaccinated without effect, but, on the second day after the *second* vaccination, the *first* began to take effect and went through its proper course. The scab came off on the twenty-third day.

July 14.—Variola after Vaccination and Varioloid.—Dr. CLARK referred to the case of a lady who *was reported* to have "died of confluent variola, after having been previously vaccinated, and after having also passed through

at least one attack of varioloid;" and expressed his doubts, supposing the other facts to be as stated, as to her ever having been well vaccinated.

It seemed to him also *very unusual* that variola should *follow* rather than *precede* varioloid.

He is of opinion that vaccination, at any period of life, *if repeated*, at intervals of not less than twenty-one days, *until it ceases to produce any local effect*, will protect the individual, forever after, not only against variola, but against varioloid even in its mildest forms.

The number of operations required for this purpose *will not usually exceed two*.

Dr. COALE had known several cases of *secondary* small-pox; in every case the disease was severe. In two of these patients the pitting was very marked from the second attack.

Dr. MINOT mentioned the case of a girl who had been vaccinated, who afterwards had variola under Dr. GRAY's care, and finally died from an attack of varioloid.

July 27.—Fracture or Dislocation of the Coccyx during Labour. Dr. COALE.—In the second labour of a married woman, æt. 23, who had been confined four years previously, the process was hindered by the curving up of the os coccyx. After waiting without any advance for three hours, the forceps were used. Ten days afterwards the patient was unable to leave her bed, and complained of severe pain at the end of the sacrum. On examination, the end of the coccyx was found very movable, with crepitus.

Dr. BIGELOW, Senior, had seen some cases of an affection of this bone, accompanied by pain, etc., especially in riding, where it could not be attributable to violence.

August 25.—Ascites.—Dr. STORER mentioned a case of ascites occurring suddenly and increasing with great rapidity, now under his care at the Massachusetts General Hospital. The patient, a female, twenty-seven years of age, who had been previously perfectly well, left London, nine weeks since, for this country. A few days after going on board ship, she suffered from severe pain, affecting the whole of the right side, which was increased by the slightest effort, and was accompanied by cough. The pain continued for five days only, the cough was not removed for several weeks. Two or three days after the cessation of the pain, the patient discovered, for the first time, a distension of her abdomen; this gradually increased for three weeks, then became stationary, and has thus continued ever since. At the present time, her whole abdomen is exceedingly distended, rendering the walls very tense, and pushing the diaphragm high into the chest. Across the umbilicus she measures forty-four and a-half inches; across the epigastrium, thirty-five inches. With the swelling of the abdomen, her lower extremities became anasarcaous throughout. Upon examination of the chest, there is dulness of percussion over both backs,

especially the right, where there is absence of respiration, resonance of voice, and ægophony. No appreciable derangement of the heart, liver, or kidneys. The patient states that she has menstruated but once during the last three years; and that was about six months since. For the last two years previous to her leaving England, she was employed in a lead factory, and although she never suffered from any of the affections usually produced by the absorption of lead, the blue line, characteristic of its presence, is perfectly apparent upon her gums.

Oct. 27.—From the time of patient's admission until September 21st, she was bandaged and active cathartics and diuretics were administered; at this period, although she was gradually diminishing in size, she was growing more feeble; all active measures were stopped and a generous diet prescribed. She now measures thirty-four inches across abdomen, on a level with the umbilicus, and thirty-six inches across the epigastrium; having gained ten inches in the largest circumference.

She has "house diet," and is very comfortable. The catamenia have not yet returned.

Dr. S. asked whether this ascites might not depend on some affection of the liver, not discovered?

Dr. CHANNING referred to certain cases reported by Dr. CHAPMAN, where abdominal swelling and œdema of the limbs occurred in healthy persons, from merely falling, by sudden accident, into water. Dr. C. thinks he remembers, also, similar cases, reported by English writers: the hardships, privation, and exposure to which immigrants are liable, might have like effects.

August 25.—*Resolution of Tubercle under the use of Cod-Liver Oil.*—Dr. C. E. WARE reported the following case:—August 29th, 1850, he was called to see the patient for the first time. She was a woman thirty-four years of age. Two years previously she had had slight hæmoptysis. Through the spring and summer she had been losing strength and flesh. In June she was again attacked with hæmoptysis, small in quantity, and from that time her expectoration had been tinged, more or less, with blood, almost every day. She had also been much annoyed by dryness of the mouth and fauces. Her menses had been perfectly regular. Her bowels had been somewhat loose, four or five dejections a day. At this time, the cough was moderate. The expectoration not very copious, viscid, semitransparent, generally brownish mucus, which she said was red when first raised. She complained of pain in the upper part of the chest in front, in her left side, and in her legs. She was up, and about, but fatigued by slight exertion. Pulse 116, regular. She presented no physical signs of tubercles. The respiratory sound was rather faint over both backs, but equal, vesicular, and without râles. The resonance on percussion was normal.

In her family there was no tubercular tendency. She was of a nervous temperament, and of a tall and slender person.

September 3d, she commenced taking cod-liver oil. There was some intolerance at first; but persevering with smaller doses for awhile, she was soon able to retain, without difficulty or discomfort, half an ounce three times a day. This was her limit; and at this dose, she continued without variation. Most of the time she took it in tincture of bark. She took various cough mixtures at different times; but depended principally upon McMunn's elixir of opium to secure exemption from cough during the night.

She continued without any marked change in her symptoms, excepting that she was regularly losing strength and flesh, till December 13th, when Dr. W. discovered deficiency of respiratory sound under both clavicles, and a bronchial expiration under the right. There was no marked difference on percussion under the two clavicles. She had been able to keep up, and occasionally to walk out in the yard, till this time, when she lost all inclination to move, and by the last of December was confined entirely to her bed. Her exhaustion and dyspnoea were extreme, so as to render the answer of necessary questions very fatiguing to her. Her emaciation was great. Appetite gone. The catamenia were regular up to the middle of January 1851, when she had them for the last time. About the last of January there began to be some mitigation of her symptoms. Through February and March, an improvement was very obvious. By the middle of April, her pulse had come down to 96. The bowels were perfectly regular; strength and appetite were greatly improved; the cough was very slight; she talked easily, without apparent dyspnoea. But through the two previous months, while she had been constantly and regularly improving in her general health, a depression of spirits, and distrust of the reality of her amendment had been gradually affecting her. Previous to this, while as constantly losing as she was now gaining, she had been very cheerful, and resigned to what appeared to be her inevitable fate. She complained now of uncomfortable sensations in the head, affecting her whole body and making her feel as if she should lose her reason. Although she had so far recovered her strength that she was able to go about the house, sit up all day, and even walk out in the yard, yet she was disinclined to move. Through April and May she did not gain so much in strength as she had done in February and March. By June, however, she was able to walk out, and take quite long rides. She had little if any cough, and a good appetite. Her pulse was at its natural standard. She occasionally expectorated a thin transparent mucus, now and then with a speck of blood in it. She spoke with perfect ease, in her natural tone. Under her clavicles the resonance on percussion was perfectly good, and the respiratory sound natural. She had taken her oil regularly up to this time, with the exception of a few days, at long intervals, when it would become loathsome to her, and she would omit it.

Her dejection, however, was increasing. She began to be wilful, and irritable in her temper—was unwilling to eat, and to leave her bed. About the first of July she began to retain her water. It was healthy when passed,

and there was no irritation, tenderness, or indication of trouble about the bladder or its appendages. It became necessary to draw it off, to which she submitted with great reluctance at first, and finally absolutely refused. She at length became so unmanageable that it was thought advisable to send her to an insane asylum, to which place she was removed July 26th. At this time, there was no indication of other trouble about the bladder than retention. She was able, without inconvenience, to go to the court house, and afterwards to ride out of town.

She returned to her home July 30th, prostrated to the last degree, with all the symptoms of acute inflammation of the bladder. Scanty urine, bloody and purulent; exquisite pain, and tenderness about the neighbourhood of the bladder; pulse so feeble and frequent as to be uncountable; a cool damp skin. She died August 3d, 1851.

At the *autopsy*, there was found universal adhesion of the right lung, old and firm; adhesion of the upper half of the upper lobe of the left lung. In the upper and middle lobes of the right lung there were numerous cretaceous masses, some of them quite large, with the substance of the lung contracted and hard about them. No crude tubercles, or cavities. In the upper lobe of the left lung, there were similar cretaceous masses. Excepting for these appearances, the lungs were perfectly healthy.

The bladder was found greatly contracted, and thickened in its parietes. The mucous membrane was in all parts intensely red, thickened, and coated with tenacious mucus and lymph. There was no peritonitis. All the other organs examined were healthy.

This case is interesting from the patient's dying of another disease, and enabling the fact of her having had tubercular disease to be established by a *post-mortem* examination. The circumstance of her taking cod-liver oil may be a mere coincidence. There can be no doubt that patients do occasionally recover from unequivocal tubercular disease under other treatment. But it is an extremely rare thing for a person reduced by tubercular disease to the condition in which this person was, to so far recover. Dr. W. has never met with an instance where there was not a doubt as to the character of the disease. This would have been an unsatisfactory case had the patient survived. The more gross physical signs, such as those which indicate a cavity, were never present. Although from the extent of one of the cretaceous masses in the upper lobe of the right lung, and the contracted appearance of the lung in immediate contact, it is very probable that there had been a cavity there. Supposing that the oil had any influence in this woman's convalescence, it is an interesting fact, and of much practical importance, that she perseveringly continued the use of it for four months, all the time failing, before she began to experience any benefit. It may be that in cases where it fails of efficacy, it has been too early abandoned.

Three other young women, who were under treatment at the same time, whose history and symptoms hardly leave a doubt as to the existence of tuber-

cles, who have taken the oil nearly as long and in the same manner, have presented almost as striking improvement, although they have at no time appeared so far reduced as this patient was. In other cases it has appeared to have little efficacy beyond a temporary mitigation of certain symptoms.

September 8.—Fracture of the neck of the Thigh-Bone, within the Capsular Ligament.—Dr. PARKMAN exhibited the specimen, from an insane woman, aged sixty-four, who died nine weeks after the accident. The points of interest were certain bands of lymph proceeding from the internal surface of the capsule to the broken surface of the upper portion or head of the bone, which Dr. P. considered might explain the means by which the part in these cases may acquire, as it often does, a degree of firmness and consequent usefulness, although no bony union takes place.

September 8.—Effect of Atmospheric Electricity upon a Rheumatic Cripple.—Dr. HAYWARD, Jr. related the following, which was told to him by a reliable individual who was present at the occurrence. A person at Sharon Springs, a cripple from rheumatism, recovered the use of his limbs, and rose from his bed, walking with ease, during a period of three hours after the house in which he lodged had been struck by lightning; a strong sulphurous odour was occasioned by the evolved electricity.

The helplessness of the limbs returned, however, as before.

September 22.—Prolonged Secretion of Milk.—Dr. KNEELAND reported the following case:—A lady, ætat. thirty-five, had her first and only child five years since; her husband died when this child was three weeks old, and she has not been again married. She nursed her child for two years, during which period, the flow of milk was so profuse that if she were absent two or three hours from her child, her dress would be completely wet; to use her own expression, "the milk would run down into her shoes." Her child died at the age of two years, of chronic hydrocephalus; since then, up to the present time, a period of three years, there has been a constant secretion of milk in her breasts, and so free as often to wet her dress quite through; during the last week she was able to express, by gentle pressure, a perfect stream of milk. She has been, and still is, regular in her menstrual periods, and also enjoys perfect health.

Dr. Kneeland remarked that it is well known that, as a general rule, the secretion of milk is confined to females (human and animal), who have young to be suckled; also, that this secretion occurs in virgins, and, occasionally, even in males; but these latter cases are rare and not easily explained, in the present state of physiology. The above case reminds us of the phenomenon of the lacteal secretion in our domestic animals, in whom it is perpetual: thus, the milking of cows is continued through the whole period from the time of their bearing young to that of cessation from breeding; this secretion

in *wild* cattle, as in animals generally, and in the human female, is continued only during the suckling of the young. There is this difference, however, that in the domestic animals, repeated impregnation is necessary to secure a continuance of the secretion, while in the case above given, there was only *one* impregnation, and that five years ago.

Dr. K. added that what we see produced in the domestic animals, viz: a temporary function of the animal economy rendered permanent by an artificial habit for many generations, we have, in the above case (and very likely such are not uncommon), produced suddenly and without any apparent cause. Whether it depend on the habit of lactation, for two years, having so modified the lactiferous vessels that their secretion is permanently changed, whether it arise from merely nervous causes, or be caused by any uterine sympathy (of which there is no evidence), it is difficult to say.

The patient is not of a nervous disposition; she is very remarkably fond of children, almost to extravagance; this may be one of many elements to be considered in the explanation of the case.

Recent microscopical researches have shown that in all forms of true secretion, the active agents are *cells*, which have the power of selecting from the blood the requisite materials; these cells, developed in the interior of the organ, become distended, burst or liquefy, and yield their contents to the excretory ducts. In the mammary gland, according to Mr. Goodsir, as in other glandular structures, the inner surface of the ultimate milk-follicles is covered by a layer of epithelium cells, the real agents in the secreting process; as fast as one set of cells discharge their contents and die, there is a new production of secondary cells, from the germinal spots or nuclei at the extremity of the follicles. The principal characteristic constituent of milk is *casein*, a highly *nitrogenized* principle, like albumen, of which it is a slightly altered form, and Dr. Golding Bird has recently obtained evidence that this alteration commences in the blood, and goes on during pregnancy, as a preparation for lactation: the evidence is the presence of *kyesteine* (which is nearly related to *caseine*) in the urine during pregnancy, indicating the conversion of albumen into *casein* in the blood, and preventing its accumulation in this fluid, before it is secreted by the *mammæ*, by this curious substance in the urine. If these results are true, it does not seem so very strange that the secretion of the milk cells should be permanent, under favourable circumstances, which cannot, at present, be specified, any more than that the secretion of urine or of bile, once commenced, should be permanent. The secretion of milk, abnormally continuous in the above case, may be only a transfer of the office of freeing the system from *nitrogen*, by the usual source, the *kidneys*, to the unusual one, the *mammæ*, which remove it by *casein* instead of by *urea*, from *idiosyncrasy*, the former being permanently formed in the blood of this person.

The following remarks, relative to the above subject, occurred after its report:—

Dr. CHANNING mentioned two cases of prolonged lactation; in the first the milk continued to be secreted for eight years; in the second, for four years; he remarked that the spayed cow will secrete milk, continuously for several years. The cow, at length, grows very fat, and the milk ceases.

Dr. ABBOTT asked if the *urine* of the above patient were diminished in quantity?

Dr. KNEELAND was not aware of any diminution.

Dr. COALE deemed an analysis of the urine, in such a case, desirable and important.

Dr. STORER asked if hydrocephalus is not often a concomitant of these cases? In Dr. Kneeland's case, the child died of it.

Dr. CHANNING said it did not exist in the two instances reported by him. He alluded to the belief (whether *professional* or merely *popular* he was uncertain) in England, that certain cerebral troubles arise from prolonged lactation.

Dr. COALE mentioned an instance of a child being nursed for three years; this occurred in his own practice; the child was healthy; he knew of another case where a child of five years was in the habit of nursing.

[Dr. CHANNING has since stated to the Secretary that one of the cases given, as above, by him (that of lactation being continued for eight years) was also mentioned at the last annual meeting of the Medical Society of Rhode Island, at which he was present, with his friend, Dr. A. L. Peirson, of Salem. It was stated during a discussion which arose after the delivery of the annual discourse, the subject of which was the *re-establishment of lactation after its cessation for weeks and even months, in consequence of febrile and inflammatory diseases of the puerperal state*; such as puerperal peritonitis, nursing sore mouth, phlegmasia alba dolens, &c. The discourse was exceedingly interesting, and the discussion which followed presented many important facts.]

September 22.—Paracentesis Thoracis in a case of Acute Pleurisy.—Reported by Dr. WILLIAMS.—The patient, a married woman, æt. thirty-one, called on Dr. W. on 27th August, complaining of some difficulty in breathing, cough, and pains in right side. Her appetite was good, the tongue nearly clean, and the dyspnœa not greater than might accompany her situation, she being six months advanced in pregnancy. Ordered rest, demulcent drinks, and sinapism to right side. On the 3d of September Dr. W. was sent for to see her, and found much dyspnœa, inability to lie on left side, and pain on making a full inspiration. Pulse 108; cough troublesome. Patient had been unable to sleep the previous night, and could not assume the horizontal position on account of the increased dyspnœa which results.

Puerile respiration in left lung. Dulness on percussion, with absence of respiration and ægophony on right side, as high as an inch above the nipple. The level of dulness changes with position of patient. In consultation with Dr. Bowditch, the operation of paracentesis was decided on, and, the chest

having been punctured by an exploring trocar, about an inch below the angle of the scapula, twelve ounces of serum were drawn out through the canula, by means of a stomach-pump. Not a particle of air was admitted, and it was not necessary to cover the slight punctured wound with any protecting plaster. The dyspnœa was relieved, and the pulse increased in strength immediately after the operation. Instead of being threatened with suffocation if she took the recumbent position, she was able to lie even upon the left side and enjoy refreshing sleep.

A blister was ordered to be applied to the affected side. All the symptoms improved from the moment of the operation. A second effusion took place, but not sufficient to cause dyspnœa, and under the use of the iodide of potassium, with counter-irritation to the side, she rapidly recovered; and, on the 20th September, seventeen days after the evacuation of serum from the pleural cavity, she was able to sit up all day, and attend to most of her household duties.

September 22.—Sequence or partial concomitance of Typhoid and Scarlet Fever symptoms.—Dr. CABOT related the case of a young man of sixteen years, who had been ill for four days with the usual symptoms (or certain of them) of typhoid fever; there had been epistaxis before Dr. C. saw the patient, and it recurred several times afterwards. On the sixth day after the attack, the patient became covered with the eruption of scarlatina; there was great debility; after the eruption disappeared, the typhoid symptoms continued; rose-spots were observed as the scarlet eruption left: there was desquamation of the cuticle, as in scarlatina. During convalescence, the patient committed an imprudence by eating largely of meat, cabbage, etc.; a relapse occurred, from which he is now recovering.

To questions from Drs. Bigelow and Bethune, as to the presence of delirium or meteorism, in the above case, Dr. C. replied that there was slight mental disturbance.

Dr. BIGELOW alluded to the following of one disease upon another, as scarlatina upon measles, and *vice versâ*; they are never, properly speaking, *co-existent*. Erysipelas he had known to follow scarlatina in one or two instances.

The sequelæ of scarlatina, it is well known, may simulate distinct diseases. Dr. B. remarked the occurrence of *skin affections* in close conjunction with scarlatina. He particularly mentioned an eruption resembling *roseola*.

October 13.—Ichthyosis Cornea.—Dr. DURKEE related a case of this rare cutaneous affection. The patient is a merchant, thirty-two years of age, and in perfect health. The malformation is congenital and inherited from the father. The right side of the trunk and the corresponding limbs are implicated. The integument of the face, neck, palm of the hand, and sole of the foot, is not involved; nor has the disease (if it may be so termed), ever appeared, in the least degree, upon the left portion of the body or its correspond-

ing members. The morbid growth is most abundant and perfect in the axilla. Here it shows itself in the form of numerous well-defined *spines*, each about the size of a kernel of wheat; of a dark-brown colour, and lying flatwise upon the skin. When the arm is raised upward and outward, the spines or prickles project out at nearly a right angle with the subjacent skin; they are very adherent, and cannot be torn from their attachment without producing considerable pain. These prolongations have been compared by some dermatologists to the short quills of the porcupine; and persons troubled with them have been called *porcupine men*. Around the elbow joint is a broad patch of similar growth to that just mentioned, although the spines are shorter than those in the axillary space, on account of the constant friction to which they are exposed. The same is true in regard to various other spots. The appearance of some of the patches is intermediate between *ichthyosis simplex* and *ichthyosis cornea*. The dorsal surface of the thumb and fingers, with the exception of the middle one, is thickly covered with the excrescence, and the patient is obliged to cut it off as well as he can every five or six days with a pair of scissors. The spaces between the fingers are also the seat of this singular annoyance. Some portions of integument upon which the abnormal development exists, are much more affected than others. There are large patches which consist merely in a slight thickening and induration of cuticle of a gray colour, and dotted over with small warty deposits, which are very hard and dry, and elevated slightly above the surrounding integument.

The right side of the penis, including the glans and the cuticular and mucous surfaces of the prepuce, is also covered with the abnormal product, so that the organ is almost as rough as a nutmeg grater, especially when in a state of erection, according to the patient's own account. The seasons of the year produce little or no change in the condition of the affected skin. It is always in an unperspirable state wherever the disease exists; but from the healthy portion of skin the patient thinks the amount of perspiration is above the usual standard, as if the law of compensation was called into action. Patient was married three years ago. For the last fifteen or eighteen months his wife has suffered exceedingly from vaginal inflammation, caused, without doubt, by the peculiar epidermic condition of the virile organ. The lady is confined to her chamber much of the time, and is wholly unconscious that her partner in life is, in any respect, different from other men. The parties have not indulged in sexual intercourse for about a year.

Dr. D. regretted that instead of exhibiting the patient to the Society, he must show some plates which were a transcript of those of Alibert, and which gave but a very imperfect representation of the case.

It is said that this variety of *ichthyosis* was never known to appear on the skin of the female. It is produced by hypertrophy of the papillæ; and the only method of cure must be to destroy the papillæ. The patient is extremely anxious to have the integument of the penis freed permanently from its preternatural covering, and is willing to submit to any experiments that hold out

the slightest promise of ultimate success. Dr. D. had made some unsuccessful attempts with different caustics upon small patches on the arm. He would make still further trials, and, if successful, would try afterwards upon the penis, and report the result to the Society.

Dr. CABOT suggested the use of arsenic as a local application in this case. The arseniate of iron is often used, empirically, as a depilatory, and might be effectual for the destruction of the hypertrophied papillæ.

October 13.—Recurring Salivation.—Dr. STORER, while going round his wards at the hospital, perceiving a strong *mercurial odour*, inquired who was salivated; he found that an Irish woman, just entered, and never previously seen by him, was thus affected; she came into the hospital with phthical symptoms. Two years previously she had been salivated by a quack, since which the affection returns upon her with every ailment, the teeth becoming loose, &c.

Dr. STRONG mentioned a similar case; the interval from the administration of the medicine having been a longer one.

October 15.—Urine containing Oil in large quantity.—Dr. BOWDITCH showed the urine of a patient at the Marine Hospital, Chelsea; its colour was that of a mixture of molasses and water; oily particles were seen floating in it. The patient had been suffering for months with an obscure abdominal disorder, although the diagnosis was never satisfactorily made out, owing, perhaps, in part, to the great dullness of intellect of the patient. This existed in so marked a degree that the attending physician found it impossible to get any definite answers from him. One symptom of a curious nature was noticed—the urine so nearly resembled, in colour and quality, molasses and water, that it was supposed the patient had mixed molasses with the excretion. This colour, however, was noticed daily, until death. Oil-globules of considerable size were likewise found on the surface of the liquid after it had been standing. On *post-mortem* examination, carcinoma of the liver and of a large portion of the pancreas was discovered; the kidneys were entirely healthy; urine taken from the bladder at the autopsy did not appear unnatural, but the microscope showed it to be full of oil-globules.

Dr. Bowditch asked whether, as oil found in the feces is a sign of diseased pancreas, the same substance detected by the microscope in the urine may not become another means of recognizing this obscure disease? Further observations, he remarked, were, of course, necessary.

Dr. BOWDITCH also reported the following case:—

Troublesome Prurigo following Bronchitis in the Pregnant Female.—A severe bronchitis, partially relieved by syrups, &c., seemed far more relieved by a *pruriginous eruption*, which, however, proved very annoying. Having tried many remedies himself, and those suggested by medical gentlemen more learned in skin diseases, and being still unable to relieve the distressing itching,

Dr. B. directed his patient to *scratch, ad libitum*: This last remedy was almost entirely successful when used in conjunction with one that had been wholly inefficacious previously, viz: an alkaline wash. The patient scratched, whenever itching occurred, until the cuticle was torn off in minute dots; then the wash was applied, which caused much smarting, with entire cessation of the itching. This patient's mother suffered in the same way during the last month of some of her pregnancies, and could not obtain relief until after confinement.

October 13.—*Cholera Maligna*.—Dr. CLARK reported the following cases of *cholera*, as all which had come under his personal notice during the past season.

August 18.—CASE I. C. D., female, unmarried, forty-five years of age, had disturbance of bowels for some days; distinct symptoms of cholera for twenty-four hours before death.

August 23.—CASE II. M. B., shipping-master, forty-six years of age, married and temperate. After a very busy day, during which he drank large quantities of water and molasses, and after a hearty supper of corned-beef, he was attacked at 1 A. M. with cramps, a watery diarrhœa, and retching. The skin was blue, corrugated, cold, and wet, especially about the hands and feet. The urine was suppressed; no pulse at wrist. A stimulant emetic was prescribed, to be followed by enemata of warm water and salt, and the patient allowed to drink freely of soda-water and of rice-water well salted; dry warmth to the whole body, and frictions to the limbs.

The next morning he was much relieved, and, in the course of two days, quite recovered.

September 22.—CASE III. Timothy Driscoll, thirty-eight years of age, labourer. Habits, uncertain; married. Was attacked, without any previous ill-health, and died in forty-eight hours, with all the symptoms of cholera.

September 24.—CASE IV. Ellen Driscoll, thirty years of age, wife of above, same symptoms, and died night of 26th.

September 25.—CASE V. Edward Hunt, thirty-one years of age, labourer. Not in previous good health, but at his work until date. Died on the 28th, with characteristic symptoms.

The last three cases occurred in subjects belonging to the lowest class of life, surrounded by local conditions of the most favourable character for the development of disease of this nature; viz: crowded and badly-ventilated rooms, undrained and filthy yards and cellars.

September 26.—CASE VI. J. T., Jr., twenty-five years of age, carpenter. Temperate. Fatal in fifty hours from the apparent commencement of the attack. He lived in a very healthy part of the town, but had been at work, for some days, in a cellar in the neighbourhood where the last case originated.

October 11.—CASE VII. Thomas Flynn, twenty-four years of age, la-

bourer. Temperate. Two days ago, was taken with violent cramps while at work in the hold of a steamship at India wharf, in the afternoon, after drinking excessively of small beer and iced-water. At 10 P. M. he had all the signs of cholera—viz: loss of pulse and voice; coldness and corrugation, and the leaden-coloured skin. Confesses to but two or three loose dejections during the day or evening. With Dr. Green's concurrence (whose patient he was), he was directed to have the saline mixture of Dr. Stevens, in such doses that he got about ten grains of the chlorate of potass every half hour until reaction should be established. In addition, the usual external applications.

At 8 A. M. he had partially recovered his pulse and warmth, and had also passed an ounce or two of urine, the first for eighteen hours.

The chlorate was suspended until 3 P. M., when, the patient becoming again partially collapsed, it was resumed.

At 8 A. M. of the second day he had rallied effectually, and the saline mixture was discontinued, and the patient ordered a light tonic mixture.

At 3 P. M. a plentiful *typhus* eruption had appeared upon the body and limbs. Patient otherwise in a fair way of recovery, having a good pulse and free secretion of urine.

Dr. CLARK noticed particularly, in alluding to the above cases, the noxious influence of filth allowed to remain near dwellings, and especially animadverted upon the state in which *disused vaults* are left.

Dr. COALE also testified to the malarious influence of such vaults. He had seen, on Saturday last, one of these, where, by the pressure of the soil around it, a mass of filth is pushed up and exposed; a store is extended over this vault, and the consequent nuisance is very great. Dr. C. had likewise known a valuable well spoiled by the same means.

Dr. CLARK referred to one existing near a furnace, built under a dwelling-house, which made itself rapidly evident on lighting a fire in the furnace.

Dr. C. E. WARE had seen one case of unequivocal cholera in August; the patient was from the south; somewhat depressed by trouble in his business; after a hearty dinner he was attacked by diarrhœa; his illness became choleraic, and collapse, with suppression of urine, finally came on. He, however, rallied and recovered.

October 13th.—Poisoning by Laudanum—Tobacco as an Emetic.—Dr. STRONG related the case of a female who took $\mathfrak{z}\text{j}$ of laudanum with suicidal intent. When Dr. S. saw her, she was pretty thoroughly narcotized; she had already taken grs. xx of ipecacuanha without effect; the skin had assumed a very dark hue; she was nearly insensible to all impressions.

Dr. S. administered grs. lx of sulphate of zinc, in three doses; patient's sense of taste was lost; no emesis occurring from the zinc, mustard was given with some effect; she was now "walked about," which required great effort on the part

of the assistants, the muscular system being so greatly relaxed. Finally, infusion of tobacco, in large quantities, was given to her in coffee; powerful emesis and gradual return of vitality resulted.

Dr. S. had never seen a case so far gone recover; he attributes success to the unremitting action kept up upon the stomach.

Dr. H. G. CLARK referred to the mode of evacuating the stomach in such cases recommended by Dr. Ephraim Buck, of this city. A solution of some alkali is first introduced into the stomach, and this is followed by vinegar; the effervescence is so powerful that all the contents of the viscus are discharged; and, if emetics have been taken ineffectually, they begin to act.

[The Secretary remembers having adopted this method very successfully, eight years since, in the case of a young child seized with very violent and almost continuous convulsions, arising from the ingestion of very indigestible food in large quantity. The usual emetics, in greatly increased doses, having had no effect, and it being impossible to excite vomiting by irritation of the fauces with a feather, which was tried; and equally so to introduce the finger, with a like intent, by reason of its liability to injury from the convulsive closure of the teeth, &c.; a solution of the carbonate of soda was thrown into the stomach (the teeth being kept apart by the introduction of a bit of wood) by means of the stomach-pump, and this was followed directly by nearly as much vinegar; the evacuation of the contents of the viscus was exceedingly *speedy* and very complete. No more convulsions were observed, nor any of the stupor previously noticed intervening between their accesses.]

October 13th.—*Strychnine as a Cumulative Poison.*—Dr. STORER related a case wherein he had given strychnine to a paraplegic hospital patient who had been addicted to masturbation. The medicine had appeared to him to act suddenly and strongly by force of cumulative power. It was first given on the 7th of September last, six drops of a fluid preparation containing grs. vj to ʒj of alcohol. The dose was increased very gradually, as follows:—

September 7th. Gtt. vj.—*9th.* Gtt. viij.—*11th.* Gtt. x.

12th. Medicine omitted; pain in forehead.

22d. Medicine given in pills, gr. one-twenty-fourth.—*25th.* Increase to gr. one-twentieth.—*27th.* Gr. one-sixteenth.—*28th.* Gr. one-twelfth.—*October 2d.* Gr. one-tenth.—*4th.* Gr. one-eighth.—*7th.* Gr. one-sixth.—*8th.* Gr. one-fourth.—*12th.* Gr. one-third.

13th. Very severe convulsions occurred, lasting for ten minutes.

15th. Patient can move the toes of left foot, the one affected, which has not been done since his entrance.

Dr. CHANNING asked if one-third of a grain were not sufficient, *of itself*, to act thus powerfully, without referring to its supposed cumulative power?

Dr. STORER said that one-fourth of a grain is often sufficient to cause equally marked effects, but it did not in the above case, and gr. ss is sometimes given.

Dr. STRONG had seen powerful convulsions follow the administration of one-sixtieth of a grain.

Dr. C. E. WARE had given gr. one-twelfth, for some time, in a certain case; one day, after the usual dose, a very strong effect was produced upon the system. Dr. Ware found that a new supply of the medicine had been obtained, and *that the pills were unequally made up*. He thought the effect produced in Dr. Storer's case more likely due to sudden, large increase, than to cumulative action.

In reply to Dr. Ware, Dr. STORER, referring to the tabular account of the doses given, said he could not discover any "sudden, large increase" of the medicine.

Dr. CLARK related the case of a patient eighty years of age, who, for a hemiplegic attack, with threatening of apoplexy, was treated by tincture of nux vomica; dose ten to fifteen drops. By mistake, $\frac{3}{5}$ ss of the tincture was given; very violent convulsions followed, endangering life. Recovering from these, however, the patient's limbs began to get better immediately; he is now nearly ninety, and quite well.

October 27th.—Membranous Croup, treated by the application of Nitrate of Silver to the Trachea.—Dr. J. B. ALLEY reported the case.—The patient was at first under the charge of Dr. SPOONER, of Milton; subsequently, Dr. HOLMES, of Milton, was called in, with whom Dr. Alley saw it in consultation. The patient was a boy five years old; always had been called a croupy child; mother's family much predisposed to croup; tonsils much enlarged. Child first seized on Saturday eve; sibilant râles heard in chest; false membrane first observed in the throat on Sunday evening.

Dr. Alley saw the patient for the first time after the attack, at half-past ten on Monday morning. It was then lying in the nurse's arms, the head thrown back, nostrils much dilated, countenance anxious, breathing very laborious, accompanied with a crowing sound; pulse 140. With the consent of the attending physicians, Dr. A. applied a solution of nitrate of silver, $\mathfrak{z}\text{j}$ to $\mathfrak{z}\text{j}$ of water, by means of a sponge fastened on the end of a piece of whalebone, passed into the larynx and trachea. On the withdrawal of the sponge, there appeared, adhering to it, shreds of false membrane, and, a moment after, the child threw up a quantity of mucus and phlegm, in which could be distinctly seen the shreds of membrane. For two or three hours the child's breathing seemed to be much relieved, and it coughed loosely. In the course of four hours, the breathing becoming more laborious, and the crowing sound, which had in a measure disappeared, returned. Reapplied the nitrate of silver, with similar result, but yet the disease seemed to be beyond the reach of the application. At eight P. M., the child vomited what appeared to be false membrane. From eleven to one, the child had a severe paroxysm of dyspnoea, corresponding to a similar one on the preceding night; applied the solution, but with some difficulty, as the child was uneasy and restless. Towards morning, the

child's strength began to fail, the breathing became more and more laborious, the countenance more anxious, and the features swollen and darkened; pulse frequent, and respiration sixty in a minute. Coldness of extremities. Stimulants were resorted to, but without much effect, and the little sufferer was relieved by death at a quarter past four P.M. Tuesday, sixty-six hours from the commencement of the disease.

The early treatment of the case was homœopathic. Sunday eve, Dr. Holmes was called in, and recommended the usual external applications, and the air of the room was moistened by the evolution of steam. Dover's powder was given. No means, however, were used which tended to greatly reduce the system, nor was the child one who could have borne active treatment. The application of the nitrate of silver was followed by decided relief of the dyspnœa, and the air entered more freely, for the venous circulation appeared less marked, and the cough became looser. The disease appeared to the physicians to commence below, and then to ascend, because there were sibilant and sonorous râles in the chest, and the membrane appeared above, after the child had been seized with the first symptoms of croup. It seemed to Dr. A. that, if the membrane had not extended so deeply into the bronchia (as appeared at the *post-mortem* examination), the chance of saving the child's life would have been much increased, and that in an ordinary case of membranous croup, commencing in the pharynx and going downwards, a great reliance may be placed upon the application of the nitrate of silver. *Examination* twenty hours after death. Child, three feet four inches in height, chest full, no emaciation. Making an incision, and lifting up the sternum, the lungs appeared in perfectly healthy state. Removed the trachea by an incision above the epiglottis, inflated the lungs; every lobe filled out except the upper lobe of the left lung. Made an incision whole length of trachea to bifurcation, found shreds of false membrane along course of trachea, and the bronchial entrance to upper left lobe closed with false membrane. The track of the sponge was distinctly seen along the surface of the trachea, and the membrane had been dislodged in many places. Opening the œsophagus, no trace of the solution appeared upon the surface of its mucous membrane or upon the stomach. All the other organs were healthy.

October 27th.—Wound of the Abdomen, fatal in twenty-two hours.—Dr. S. D. TOWNSEND related the *post-mortem* appearances observed in a man who died at the Massachusetts General Hospital from a stab given by a clasp-knife in the hands of a man with whom he was in company.

A wound one inch and three-quarters long existed about two inches above anterior superior spinous process of left ilium; it extended backward towards the crista ili, was a clean cut, and had been closed by three sutures before the patient was brought to the hospital.

On opening the peritoneal cavity, offensive gas in considerable quantity

escaped; the intestines floated in a dark reddish-brown fluid, which contained feculent matter. Recent unorganized bands of lymph between the coils of intestines. Patches of lymph and adhesion of the peritoneal surfaces were observed. Small intestines considerably inflamed.

Upon turning down the parietes of the abdomen, an internal wound was discovered, nearer to the median line of the body than the external, with which it communicated; its *lower* angle opposite to the *upper* angle of the outer wound. The internal wound was about two inches in length, and through it, a band of omentum, three inches long, was drawn, strangulated and highly inflamed. Considerable force was required to extricate this strangulated band from the wound.

Extensive ecchymosis around the wound. About four feet from the pylorus, a clean cut into the jejunum was found, an inch in length, and opposite, near the mesentery, a second, half an inch long.

The stomach somewhat inflamed, and partially filled by a thick, dark-coloured fluid, like that observed in the small intestines, and also similar to the matters vomited just before death.

One pint and a half of fluid were contained in the cavity of the abdomen, made up, apparently, of blood, pus, and feces.

October 27.—Kouso as a Remedy for Bothriocephalus Latus.—Dr. ABBOT mentioned the use of this article, successfully, in two instances, the larger part of the parasite being apparently brought away in each case; the head, however, had not been seen.

Dr. DURKEE referred to four cases wherein kouso had been used; two successful, two not so.

Dr. CLARK spoke of Mr. Teschemacher's account of success against the tapeworm by the use of pumpkin seeds.

Dr. JACKSON had known pumpkin-seeds very effectual in one instance.

October 27.—Hemorrhage from the Bowels in Typhoid Fever; its frequency, treatment, &c.—Dr. STORER asked what is the frequency of hemorrhage from the bowels in typhoid fever? He could recall but three cases of any severity as having occurred in his practice. In two of these, the patients recovered, although in one of them the bleeding was profuse, and the patient was exceedingly reduced by it.

Dr. S. had seen to-day a death from this cause. A man, aged about thirty, during convalescence from typhoid fever, had a relapse in the third week. This morning, the patient suddenly had two very large evacuations of blood, estimated at from three to four pints. Dr. S. was called, and found him much prostrated; cold, and almost pulseless. Stimulants and astringents were administered without effect, and, upon the recurrence of the hemorrhage, more profusely than before, he expired, about three hours after the first bleeding.

Dr. COALE said he could not speak as to the *frequency* of this accident; he referred to a case occurring in his practice in April last, in a person convalescent from typhoid fever; pure, liquid, venous blood was first passed, and then coagula came away; after being arrested, the flow returned and proved fatal in forty-four hours from the first attack.

Dr. HOMANS, in 1822, had seventy-two cases of typhoid fever, among which were only two of bleeding from the bowels; one of these latter was fatal; in 1840, out of thirty cases, there were three with this hemorrhage; none fatal. The blood was always coagulated; the *first* bleeding invariably the most profuse. Dr. H. never saw it recur more than three times in any one patient, and remembers but one fatal case. He does not now attempt to arrest the bleeding; astringents do more harm than good; he considers the hemorrhage an effort of nature.

Dr. BIGELOW, Sen., had always considered this bleeding a very grave symptom; if the hemorrhagic diathesis be very marked, there is rapid sinking. Dr. B. has seen hemorrhage from the nose, lungs, urethra, and bowels in the same patient within twenty-four hours. A dose of castor oil will often arrest the latter; moderate astringents and injection of cold water are sometimes required afterwards.

The discharge is analogous to the diarrhœa of typhoid fever, and is to be *controlled*, not suddenly checked.

Dr. J. B. S. JACKSON said his experience accorded with that of Dr. Bigelow. Even when the bleeding is quite profuse, it is rarely fatal; marked relief is sometimes observed from it. On *post-mortem* examination of these cases, Dr. J. has not found Peyer's patches ulcerated; in one instance only does he remember such lesion; in that case, a coagulum was observed hanging off from the face of an ulcer near the cæcum. The intestine is often found stained, and sometimes a congested state of the vessels is remarked, but no ecchymosis.

Dr. J. testified to the strikingly good effect of *castor oil* in one of Dr. Bigelow's hospital patients.

In answer to Dr. Bigelow, Dr. STORER asked if the appearance of the blood, and the greater or less prostration of the patient, would not make a difference as to the administration of the oil? and whether, although he might be disposed to give it, if coagula were passed, particularly if they had the appearance of having been formed for some time, he would pursue this course if liquid blood should be found freely flowing, and the patient rapidly sinking?

Dr. BIGELOW replied that, in cases of extreme prostration, the physician should pause and weigh the case well before acting; even in such instances, he thought the removal of any offending matters would be well, perhaps combining an astringent with the oil, or *following* the latter by one.

Dr. B. said that the blood, in many of these cases, may be furnished by *exhalation*, without positive *lesion* of the intestinal surface? Dr. Jackson said he had always supposed this to be the case.

November 10th.—Dr. BIGELOW, Sen., referring to the discussion, in regard to hemorrhage from the bowels in typhoid fever, which occurred at the last meeting, said he has now in the hospital a female patient who entered November 1st, was attacked fourteen days previously, and has had most of the grave symptoms usually observed in typhoid fever. On the fourth day after her entrance, she lost Oss of blood from the bowels.

Dr. B. ordered $\mathfrak{z}\text{ij}$ of castor oil, a small dose only, she having some diarrhoea; two grains of the acetate of lead to be also taken after each subsequent sanguineous discharge. Next day, it was ascertained that there had been five discharges of blood, not, however, so large as the first; and that the oil had not operated. R. Olei ricini $\mathfrak{z}\text{vj}$, to be followed by sulphuric acid. A fecal discharge, containing some blood, was procured by the oil, and, subsequently, there were several fecal discharges; the next day a natural discharge took place, and no hemorrhage afterwards.

In this case, observed Dr. B., the acetate of lead did not arrest the bleeding; the oil, in operative dose, seemed effectual. The case is progressing, with delirium, quick pulse, restlessness, &c.; and this day profuse menorrhagia has supervened. The blood passed from the bowels was not coagulable. The passage of defibrinated blood is an indication of greater gravity of the disease. He remarked that French writers report a mortality of more than half of these cases of intestinal hemorrhage in typhoid fever.

Dr. STORER said that it would be remembered that in Dr. Homans' cases there were, invariably, *coagula*.

Dr. BIGELOW reiterated his opinion, given at the last meeting, in reference to the treatment of this accident, by operative doses of castor oil. In a considerable number of cases, he had found the hemorrhage to cease on the passage of the oil. Without such evacuation, large doses of astringents were often ineffectual.

[GRISOLLE notices intestinal hemorrhage in typhoid fever as a grave symptom; it nearly always increases the patient's feebleness, however small it may be; is very frequent in the adult, quite rare in youth; sometimes arising from erosion of a bloodvessel, it most often is passive, and occurs by exhalation; occasionally, it is very profuse. This author advises the suspension of purgatives; iced lemonade; cold applications to the abdomen, and cool injections; if the bleeding be persistent, astringents, especially *rhatany* by the mouth, and also thrown up the rectum.—*Path. Intern.* vol. i. pp. 42, 57.]